PTO/SB/06 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 99037 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 1) **NUMBER EXTRA** FOR NUMBER FILED RATE FEE RATE FEE **BASIC FEE** \$ 395 OR (37 CFR 1.16(a)) TOTAL CLAIMS x \$11 0 0 20 minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 minus 3 = 0 41 =OR 3 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 395 OR TOTAL TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR **SMALL ENTITY** (Column 3) (Column 1) (Column 2) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL RATE TIONAL AMENDATIVE **AFTER EXTRA** PREVIOUSLY **FEE** FEE AMENDMENT PAID FOR OR Total 20 Minus = \$ 23 \$ 50 = (37 CFR 1.16(c)) OR Independent Minus = x 160 = 700 = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 180 = OR 360= TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) **CLAIMS HIGHEST** ADDI-ADDI-AMENDMENTE REMAINING NUMBER PRESENT **RATE** TIONAL **RATE** TIONAL AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR ** Total = Minus (37 CFR 1.16(c)) OR *** Independent = Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT, FEE (Column 3) (Column 2) (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total \$ Minus = (37 CFR 1.16(c)) OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.